

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED CHEN, XIAO PING		VOUCHER NUMBER													
3. MAG. DKT./DEF. NUMBER 1:06-000016-001		4. DIST. DKT./DEF. NUMBER 1:06-00023-003		5. APPEALS DKT./DEF. NUMBER													
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. CHEN		8. PAYMENT CATEGORY Petty Offense													
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case															
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE																	
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$_____)																	
Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____																	
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) _____ 14. TYPE OF SERVICE PROVIDED: <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 01 Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services </td> <td style="width:50%; vertical-align: top;"> 20 Legal Assistant/Clerk 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____ </td> </tr> </table>						01 Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services	20 Legal Assistant/Clerk 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____										
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15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES <input type="checkbox"/> NO <input type="checkbox"/>																	
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">a. Compensation</th> <th style="width:20%;">AMOUNT CLAIMED</th> <th style="width:20%;">MATH/TECHNICAL ADJUSTED AMOUNT</th> <th style="width:20%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>b. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Other Expenses</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						a. Compensation	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW	b. Travel Expenses (lodging, parking, meals, mileage, etc.)				c. Other Expenses			
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17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS _____ TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS: Final <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment <input type="checkbox"/> I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____																	
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____																	
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES													
22. TOT. AMT APPROVED/CERTIFIED																	
23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																	
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES													
27. TOTAL AMOUNT APPROVED																	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																	

FILED
DISTRICT COURT OF GUAM

OCT 24 2006

MARY L.M. MORAN
CLERK OF COURT